CENTERS FOR DISEASE CONTROL AND PREVENTION

Press Release

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More children in the United States will be protected, and be protected from more diseases

The 2006 Childhood and Adolescent Immunization Schedule was released today, with the updated schedule including new recommendations that will help protect adolescents from meningitis and pertussis (also known as "whooping cough") and all children from hepatitis A. The annual childhood and adolescent immunization schedule is a joint effort of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). The 2006 immunization schedule can be located at CDC's Morbidity and Mortality Weekly Report (MMWR) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5351-Immunizationa1.htm

"This new schedule reflects the great strides we are making to protect children against serious diseases," said Anne Schuchat, M.D., director of the National Immunization Program at the Centers for Disease Control and Prevention (CDC). "Thanks to new vaccines, we can now protect children and adolescents from more diseases than at any time in our history. In almost every case, vaccines are the best and most effective way to prevent the harm that is caused by these infectious diseases."

The recently licensed meningococcal conjugate vaccine (MCV4) is being recommended to protect against meningococcal disease, while the new Tetanus, Diphtheria and acellular Pertussis recommendation stems from the availability of new "booster" vaccines known as Tdap that will help reduce the number of cases of whooping cough among adolescents. Under the updated schedule, these vaccines would be routinely administered to children when they are 11 to 12 years old.

Another update to the childhood immunization schedule involves influenza vaccination. The health groups expanded the annual influenza vaccination recommendation to now include all children and adults with neurological conditions that can cause breathing or swallowing difficulties (e.g., spinal cord injuries, seizure disorders, or other neuromuscular disorders).

In addition, the new schedule includes updates for hepatitis A and hepatitis B vaccination. The hepatitis A vaccine recommendation has been expanded to include vaccination of all children at one year of age. Children who have not been vaccinated at 1 to 2 years of age should be vaccinated at visits during the pre-school years. Previously, the CDC's Advisory Committee on Immunization Practices (ACIP) had recommended routine vaccination only for children living in the 17 states that had the greatest number of reported hepatitis A cases. It is estimated that there are 20,000 to 30,000 cases of hepatitis A per year, with the majority of cases in areas where the vaccine is not being used. The new recommendation recognizes the need to protect all children, regardless of where they live, and is expected to greatly reduce the number of hepatitis A infections in the United States.

The hepatitis B vaccination recommendation has been strengthened to emphasize vaccination of all infants beginning at birth and the screening of all pregnant women for hepatitis B surface antigen (HBsAG), which is a marker for the disease. The new recommendation states that vaccination of infants born to hepatitis B negative mothers should only be delayed in rare circumstances and then only if a physician's order to withhold the vaccine and a copy of the mother's hepatitis B negative laboratory report is documented in the infant's medical record.

Additional background information on new recommended vaccines

Meningococcal Polysaccharide Diphtheria Toxoid Conjugate Vaccine (MCV4): This vaccine was licensed in January 2005. It is now recommended for routine vaccination of children 11-12 years old, and is also recommended for previously unvaccinated adolescents when they enter high school, and college freshmen living in dormitories. Meningococcal disease is a rare but serious bacterial infection that strikes up to 3,000 Americans every year. This new vaccine offers protection against four of the most common serogroups (A, C, Y, W-135) that cause meningococcal disease and is a step forward in protecting adolescents and adults from meningococcal disease.

Booster tetanus, diphtheria and pertussis (Tdap) vaccine for adolescents 11 and 12 years of age: This vaccine will be given in place of the tetanus-diphtheria (Td) booster typically given to adolescents. Tdap is also recommended for adolescents 13 through 18 years of age who did not receive the Td vaccine when they were 11 to 12 years of age. However, all adolescents 11 to 18 years of age who have already been vaccinated with Td are encouraged to receive a dose of Tdap at intervals shorter than 10 years to add protection against pertussis. Infants less than 12 months of age have a high risk of pertussis-related complications, hospitalizations and death. Vaccinating adolescents and adult contacts may also reduce the risk of transmitting pertussis to infants. Although pertussis is most serious in infants, it can also be serious in adolescents and adults.

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